

IM8: Capstone Appraisal of Student Performance

(preceptor Completes and Review with student)

Student: IAN FERGASON

Midterm: \_\_\_\_\_

Unit: MICU

Finals: X

1. Please reflect on the student's clinical performance during the capstone preceptorship and appraise the following:

| Clinical Learning Outcomes  | Below Average Performance Needs Significant Guidance | Satisfactory Performance Needs Average Guidance | Outstanding Performance Needs Minimal Guidance |
|---|--|---|--|
| a. <b>Safety/Quality:</b> Integrate nursing care using evidence-based practice to promote safety and quality for patients, self and others  |  |   | X  |
| b. <b>Communication:</b> Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in various healthcare settings. (SBAR, Documentation, patient advocacy)   |  |   | X  |
| c. <b>Clinical judgement:</b> Integrate use of current evidence-based practice and clinical competence when making clinical decisions in the provision of patient centered care. (Clinical Judgement model) |  |   | X  |
| d. <b>Patient centered care:</b> Integrate nursing care for patients from diverse backgrounds based on patient age, culture, values, and educational needs.   |  |   | X  |
| e. <b>Professionalism:</b> Integrate knowledge, skills, and attitudes required of the professional nurse, embracing lifelong learning to improve the quality of healthcare.                                 |  |   | X  |

2. What do you think are the student's personal strengths?

Ian is very strong in med-admin and pt care. He has a big heart & wants to learn all he can. He doesn't know a stranger and isn't afraid to ask a question. He is going to make the best Nurse!

3. What have you identified as an opportunity for improvement for the student?

Time management and initiating care, this can also be my fault because I am used to initiating care. The past few shifts he has showed effort and I know it will come with time.

Preceptor Signature: [Signature]

Date: 11/24/25

Student Signature: [Signature]

Date: 11/24/25

## IM8 Capstone Preceptorship: Student Self-Evaluation

1. Please reflect on your performance during the capstone preceptorship and rate yourself on the following:

|   | I need significant guidance | I need average guidance | I need minimal guidance |
|---|-----------------------------|-------------------------|-------------------------|
| a. <b>Safety/Quality:</b> I Integrate nursing care using evidence-based practice to promote safety and quality for patients, self and others  |                             |                         | X                       |
| b. <b>Communication:</b> I Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in various healthcare settings. (Documentation, Patient advocacy, & SBAR) |                             |                         | X                       |
| c. <b>Clinical judgement:</b> I integrate use of current evidence-based practice and clinical competence when making clinical decisions in the provision of patient centered care. (Clinical judgement model) |                             |                         | X                       |
| d. <b>Patient centered care:</b> I integrate nursing care for patients from diverse backgrounds based on patient age, culture, values, and educational needs.   |                             |                         | X                       |
| e. <b>Professionalism:</b> I integrate knowledge, skills, and attitudes required of the professional nurse, embracing lifelong learning to improve the quality of healthcare.                                 |                             |                         | X                       |

2. What do you think are your personal strengths?

I think I thrive in high pressure environments as well as patient safety. I also do well talking and connecting to pts.

3. What have you identified as a personal opportunity for improvement?

Time management is where I need the most improvement. It comes with time and practice so I need to just practice it.

Student Signature: Don J Date: 11-24-25

Student Name Jan Furgason

Record of Precepted Clinical Experiences

| Date     | Exact Time<br>Ex.(0645-1915) | Location | Preceptor's Print & Signature |
|----------|------------------------------|----------|-------------------------------|
| 10-17-25 | 0645-1915                    | MICU     | Rafael Alegre, RN             |
| 10-25-25 | 0645-1915                    | MICU     | Marin Duriet MDuriet RN       |
| 10-27-25 | 0645-1915                    | MICU     | Marin Duriet MDuriet RN       |
| 11-8-25  | 0645-1915                    | CICU     | Marin Duriet MDuriet RN       |
| 11-9-25  | 0645-1915                    | MICU     | Marin Duriet MDuriet RN       |
| 11-10-25 | 0645-1930                    | MICU     | Marin Duriet MDuriet RN       |
| 11-12-25 | 0300-1900                    | MICU     | MDuriet marin Duriet          |
| 11-16-25 | 0645-1915                    | MICU     | Marin Duriet MDuriet RN       |
| 11-19-25 | 1300-1900                    | MICU     | Marin Duriet MDuriet RN       |
| 11-20-25 | 0645-1915                    | MICU     | Marin Duriet MDuriet RN       |
| 11-24-25 | 0645-1915                    | MICU     | Marin Duriet MDuriet RN       |
|          |                              |          |                               |
|          |                              |          |                               |
|          |                              |          |                               |
|          |                              |          |                               |
|          |                              |          |                               |

REMINDER: Do not pre-fill out, Document your actual time after each shift & have your preceptor sign. The time prior shift starting time & the time after does not count extra, 0645-1915 is simply a 12 hour shift.

Preceptor's Signature \_\_\_\_\_

Preceptor's Signature Marin Duriet MDuriet RN

Ian Ferguson

Covenant School of Nursing

IM8 Clinical Experience- Daily Events Record

Student: Ian Ferguson UNIT: MICU Preceptor: Marin Durieux

| <b>Instructions:</b><br><br><b>1. Student's responsibility:</b><br>- This form must be presented to the preceptor on the first day of clinical.<br>- Write the highlights & Skills observed / performed every each clinical time.<br>- Discuss with the preceptor & write the areas to improve before the end of the shift.<br><br><b>2. Preceptor's responsibility:</b><br>- Must give feedback on the areas to improve & instruct the student to write on the allotted space.<br><br><b>3. Student &amp; preceptor must sign their Initial every each clinical day.</b> | <b>Highlights: Example (written)</b><br><br><b>1. Team work-Rapid response</b><br><b>2. learning opportunities -Staph infection</b><br><b>3. Post op admission</b><br><b>Areas to improve:</b><br>1. Assessment<br>2. Anticipation of patient needs<br>3. working on skills on Blood draw<br><b>Skills observed &amp; performed:</b><br>1. NGT insertion<br>2. Orthostatic vital sign<br>3. Trach suctioning |   | <b>Date/Initial</b><br>=Student<br>= Preceptor<br><br>Date:<br>10/23/2018<br><br><u>E. Hamilton</u><br>Student<br><br><u>A. Santos</u><br>Preceptor |
|---|--|---|---|
| <b>Highlights:</b><br>1. Extubated Pt<br>2. Travel to CT<br>3. Got better @ Charting<br><b>Areas to improve:</b><br>1. Charting<br>2. Time mgmt<br>3. Critical thinking<br><b>Skills observed &amp; performed:</b><br>1. Hand hygiene<br>2. Blood draw Art line<br>3. Observed TPA in chest tube  | <b>Date/Initial</b><br>=Student<br>=Preceptor<br><br>Date:<br><u>10-25-25</u><br>Student<br><u>IF</u><br>Preceptor<br><u>MD</u>  | <b>Highlights:</b><br>1. Admission<br>2. Transfer<br>3. Observed consents<br><b>Areas to improve:</b><br>1. Admit documentation<br>2. Communication with family on hard topics<br>3. hourly documentation<br><b>Skills observed &amp; performed:</b><br>1. Titrated meds<br>2. wound care<br>3. Admit Head to toe | <b>Date/Initial</b><br>=Student<br>=Preceptor<br><br>Date:<br><u>11-7-25</u><br>Student<br><u>IF</u><br>Preceptor<br><u>MD</u>                      |
| <b>Highlights:</b><br>1. MRI transport<br>2. Different unit experience<br>3. <del>Analysis</del> Foley<br><b>Areas to improve:</b><br>1. Cluster care<br>2. Time management<br>3. Communication with Physicians<br><b>Skills observed &amp; performed:</b><br>1. Blood administration<br>2. Med education on mouth washes<br>3. Educated family on meds   | <b>Date/Initial</b><br>=Student<br>=Preceptor<br><br>Date:<br><u>11-8-25</u><br>Student<br><u>MD</u><br>Preceptor<br><u>IF</u>   | <b>Highlights:</b><br>1. CRRT<br>2. Post-mortem care<br>3. Comfort care<br><b>Areas to improve:</b><br>1. Emergent meds<br>2. Charting<br>3. Initiating care<br><b>Skills observed &amp; performed:</b><br>1. Trialysis cath removal<br>2. Communication with providers<br>3. CRRT Dialysate changes              | <b>Date/Initial</b><br>=Student<br>=Preceptor<br><br>Date:<br><u>11-9-25</u><br>Student<br><u>IF</u><br>Preceptor<br><u>MD</u>                      |

|  |  |   |  |
|--|--|---|--|
| <p>Highlights:<br/> 1. CVAO Dressing change<br/> 2. Murphy drip<br/> 3. <del>last</del> Emergent Admit</p> <p>Areas to improve:<br/> 1. Adaptability to change of care plan<br/> 2. Hourly charting<br/> 3. Therapeutic communication</p> <p>Skills observed &amp; performed:<br/> 1. IV start<br/> 2. Enema<br/> 3. ART line set up</p> | <p>Date/Initial<br/> =Student<br/> =Preceptor</p> <p>Date: 11-10-25</p> <p><u>IF</u><br/> Student</p> <p><u>MD</u><br/> Preceptor</p>      | <p>Highlights:<br/> 1. NG Tube First try<br/> 2. PEG/Trach Placement<br/> 3. Initiating care</p> <p>Areas to improve:<br/> 1. Charting<br/> 2. Time mgmt<br/> 3. Pt. education</p> <p>Skills observed &amp; performed:<br/> 1. NG tube<br/> 2. IV start<br/> 3. Blood cultures</p>                  | <p>Date/Initial<br/> =Student<br/> =Preceptor</p> <p>Date:<br/> 11-12-25<br/> 11-19-25</p> <p><u>IF</u><br/> Student</p> <p><u>MD</u><br/> Preceptor</p> |
| <p>Highlights:<br/> 1. Trachysis placement<br/> 2. extubation<br/> 3. Trach care</p> <p>Areas to improve:<br/> 1. Patience<br/> 2. Coordinating care<br/> 3. I &amp; O hourly charting</p> <p>Skills observed &amp; performed:<br/> 1. Sterile procedure assistance<br/> 2. Suctioning post extubation<br/> 3. Bed side swallow</p>      | <p>Date/Initial<br/> =Student<br/> =Preceptor</p> <p>Date:<br/> 11-16-25</p> <p><u>IF</u><br/> Student</p> <p><u>MD</u><br/> Preceptor</p> | <p>Highlights:<br/> 1. Blood transfusion<br/> 2. New admit<br/> 3. Teamwork</p> <p>Areas to improve:<br/> 1. Time mgmt<br/> 2. saying No<br/> 3. Communication w/ team</p> <p>Skills observed &amp; performed:<br/> 1. CVAO Dressing change<br/> 2. ART line blood draw<br/> 3. Foley insertion</p> | <p>Date/Initial<br/> =Student<br/> =Preceptor</p> <p>Date:<br/> 11-20-25</p> <p><u>IF</u><br/> Student</p> <p><u>MD</u><br/> Preceptor</p>               |
| <p>Highlights:<br/> 1. K<sup>+</sup> replacement/trending<br/> 2. Blood cultures<br/> 3. Pain mgmt goals</p> <p>Areas to improve:<br/> 1. Confidence</p>   | <p>Date/Initial<br/> =Student<br/> =Preceptor</p> <p>Date:</p>   | <p>Highlights:<br/> 1. learning Charting<br/> 2. Chemo admin observation<br/> 3. Consent witnessing</p> <p>Areas to improve:<br/> 1. Charting</p>   | <p>Date/Initial<br/> =Student<br/> =Preceptor</p> <p>Date:<br/> 10-17-25</p>   |
| <p>2. Pt education<br/> 3. Time mgmt/focusing</p> <p>Skills observed &amp; performed:<br/> 1. Withdrew care<br/> 2. Therapeutic communication<br/> 3. Mels through NG</p>  | <p>Date:<br/> 11-24-25</p> <p><u>IF</u><br/> Student</p> <p><u>MD</u><br/> Preceptor</p>   | <p>2. Time management<br/> 3. Communication</p> <p>Skills observed &amp; performed:<br/> 1. consents<br/> 2. Transport to IR<br/> 3. Titrating drips</p>  | <p>Student<br/> <u>IF</u></p> <p>Preceptor<br/> <u>RA</u></p>  |

4. Removed Femoral line

### Evaluation of Preceptor by Student

Name of Preceptor: Marin Duriex Clinical Unit: MICU

| Please rate your preceptor on each question<br>1=Never/Poor 2=Seldom/Mediocre 3=Sometimes/Good 4=Often/Very Good 5=Always/Superb | Rating<br>Please circle |
|--|-------------------------|
| Establishes a good learning environment (approachable, nonthreatening, enthusiastic, etc.)                                       | 1 2 3 4 <u>5</u>        |
| Stimulates me to learn independently   | 1 2 3 4 <u>5</u>        |
| Allows me autonomy appropriate to my level/ experience/ competence   | 1 2 3 4 <u>5</u>        |
| Organizes time to allow for both teaching and care giving  | 1 2 3 4 <u>5</u>        |
| Offers regular feedback (both positive and negative)   | 1 2 3 4 <u>5</u>        |
| Clearly specifies what I am expected to know and do during the training period   | 1 2 3 4 <u>5</u>        |
| Adjusts teaching to my needs (experience, competence, interest, etc.)  | 1 2 3 4 <u>5</u>        |
| Asks questions that promote learning (clarifications, probes, Socratic questions, reflective questions, etc.)                    | 1 2 3 4 <u>5</u>        |
| Gives clear explanations/reasons for opinions, advice, or actions  | 1 2 3 4 <u>5</u>        |
| Adjusts teaching to divers settings (bedside, charting, nurses station, etc.)  | 1 2 3 4 <u>5</u>        |
| Coaches me on my clinical/ technical skills (patient history, assessment, procedural, charting)                                  | 1 2 3 4 <u>5</u>        |
| Incorporates research data and/or practice guidelines into teaching  | 1 2 3 4 <u>5</u>        |
| Teaches diagnostic skills (clinical reasoning, selection/interpretation of tests, etc.)  | 1 2 3 4 <u>5</u>        |
| Teaches effective patient and/or family communication skills   | 1 2 3 4 <u>5</u>        |
| Teaches principles of cost-appropriate care (resource utilization, etc.)   | 1 2 3 4 <u>5</u>        |

1..What did you like best about your preceptor?

Marin was a great preceptor. She fostered a healthy safe learning environment where questions were encouraged. She allowed me to take charge of patient care and do what I was comfortable with.

2. Do you have any suggestions for your preceptor to consider when working with future students?

Continue to be kind and foster a healthy environment. Marin is so patient and will continue being a great preceptor to students.

Student Signature: Jan F Date: 11-24-25

**Instructional Module \*: Capstone Precepted Clinical Experience Skills Check list**

**Critical Care Unit: Adult (MICU,SICU,CICU)**

**Purpose:** This inventory of required skills is to be completed : Orientation, Clinical Midterm & Clinical Finals

**Introduction: Pre-Assessment=** Mark an X on each skill that describes your experience.

**Preceptorship Clinical Time=** Write the date & preceptor's initial that describes your experience.

| Skills                                | Student's Pre- Assessment |     |          | Preceptorship Clinical Time |                         |
|---------------------------------------|---------------------------|-----|----------|-----------------------------|-------------------------|
|                                       | No Experience             | CPE | Clinical | Supervised                  | Performed Independently |
| <b>1. Assessment</b>                  |                           |     |          | MD                          |                         |
| a.Vital signs                         |                           |     | X        |                             |                         |
| b.Neurological                        |                           |     | X        |                             |                         |
| c.Respiratory                         |                           |     | X        |                             |                         |
| d.Cardio-vascular                     |                           |     | X        |                             |                         |
| e.Gastrointestinal                    |                           |     | X        |                             |                         |
| f.Neuro-vascular                      |                           |     | X        |                             |                         |
| <b>2. Documentation</b>               |                           |     |          |                             |                         |
| a.Assessment                          |                           |     | X        |                             |                         |
| b.Vital signs                         |                           |     | X        |                             |                         |
| c.Admission                           | X                         |     | X        |                             |                         |
| d.Discharge                           | X                         |     | X        |                             |                         |
| e.Transfer                            | X                         |     | X        |                             |                         |
| <b>3. Collaborative Communication</b> |                           |     |          |                             |                         |
| a.SBAR                                |                           |     | X        |                             |                         |
| b.Case Mgt.                           | X                         |     | X        |                             |                         |
| c.Physician                           |                           | X   | X        |                             |                         |
| d. Pharmacy                           |                           | X   | X        |                             |                         |
| e. Diagnostic                         | X                         |     | X        |                             |                         |
| f. Respiratory                        |                           |     | X        |                             |                         |
| g.Pt/OT                               |                           |     | X        |                             |                         |
| h. Chaplain                           |                           |     | X        |                             |                         |
| <b>4. Medication</b>                  |                           |     |          |                             |                         |
| a. PO                                 |                           |     | X        |                             |                         |
| b.IVPB                                |                           |     | X        |                             |                         |
| c.IM                                  |                           |     | X        |                             |                         |
| d.IV push                             |                           |     | X        |                             |                         |
| e. Subcutaneous                       |                           |     | X        |                             |                         |
| f. Intradermal                        | X                         |     |          |                             |                         |
| g.Tube feeding                        |                           |     | X        |                             |                         |
| h.Topical                             |                           |     | X        |                             |                         |
| i. Nasal                              |                           |     | X        |                             |                         |
| j. Rectal                             |                           |     | X        |                             |                         |
| <b>5. Central lines &amp; PICC</b>    |                           |     |          |                             |                         |
| a. Med.admin.                         |                           |     | X        |                             |                         |
| b.Blood draw                          |                           |     | X        |                             |                         |
| c.Dressing change                     |                           | X   | X        |                             |                         |

|   |   |              |              |    |  |
|---|---|--------------|--------------|----|--|
| d.Clave change                                      |   |              | X            | MD |  |
| e.Monitoring  |   |              | X            |    |  |
| f. Removal  | X | <del>X</del> | X            |    |  |
| <b>6. Cordis (PA)</b>                               |   |              |              |    |  |
| a. Dressing change                                  |   | X            |              |    |  |
| b. Removal  | X |              |              |    |  |
| <b>7.Drainage (CT,GTube, JP, &amp; Rectal Rubes</b> |   |              |              |    |  |
| a. Monitoring                                       |   |              | <del>X</del> |    |  |
| b. Measure output                                   |   |              | X            |    |  |
| c. Collect output                                   |   |              | X            |    |  |
| d. Dressing change                                  |   | X            |              |    |  |
| e. Removal  |   |              | X            |    |  |
| <b>8.Tube feedings (NGT/DHT/OGT)</b>                |   |              |              |    |  |
| a.Insertion   | X |              |              |    |  |
| b.Removal   | X |              |              |    |  |
| c.Check Residual                                    | X |              |              |    |  |
| d.Flushing  |   |              | X            | X  |  |
| e.Initiate Feeding                                  |   |              | X            | X  |  |
| f.Monitoring  |   |              | X            | X  |  |
| <b>9.Urinary Catheter</b>                           |   |              |              |    |  |
| a.Insertion   |   | X            | X            |    |  |
| b.Removal   |   |              | X            |    |  |
| c. Collect specimen                                 |   |              | X            | X  |  |
| d.Monitoring  |   |              | X            |    |  |
| <b>10.Blood sugar test</b>                          |   |              |              |    |  |
| a.Use of Glucometer                                 |   |              | X            | X  |  |
| b. Blood draw                                       |   |              | X            |    |  |
| c.Finger stick                                      |   |              | X            |    |  |
| d. Heel stick                                       |   |              | X            |    |  |
| <b>11.Artlines</b>                                  |   |              |              |    |  |
| a. Blood draw                                       |   |              | X            |    |  |
| b. Calibration                                      |   |              | X            |    |  |
| c.Dressing change                                   | X |              |              |    |  |
| d. Monitor  |   |              | X            |    |  |
| <b>12. Tracheostomy/ Endotracheal</b>               |   |              |              |    |  |
| a. Suction  |   |              | X            |    |  |
| b. Dressing change                                  |   |              | X            |    |  |
| c. Check placement                                  |   |              | X            |    |  |
| d. Monitor  |   |              | X            |    |  |
| <b>13.Isolation</b>                                 |   |              |              |    |  |
| a. Contact  |   |              | X            |    |  |
| b. Droplet  |   |              | X            |    |  |
| c. Neutropenic                                      |   |              | X            |    |  |

|                              |   |  |   |    |  |
|------------------------------|---|--|---|----|--|
| d. Airborne                  |   |  | X | MD |  |
| <b>14. Peripheral IV</b>     |   |  | X |    |  |
| a. Initiate                  |   |  | X |    |  |
| b. monitor                   |   |  | X |    |  |
| c. Removal                   |   |  | X |    |  |
| <b>15. Oxygen Therapy</b>    |   |  |   |    |  |
| a. Nasal Cannula             |   |  | X |    |  |
| b. Ventilator A/C            |   |  | X |    |  |
| c. BPAP                      |   |  | X |    |  |
| D. CPAP                      |   |  | X |    |  |
| e. Venturi Mask              |   |  | X |    |  |
| f. Oscillator                |   |  | X |    |  |
| <b>16. Ostomy</b>            |   |  |   |    |  |
| a. Measure output            |   |  | X |    |  |
| b. Change bag                |   |  | X |    |  |
| c. Skin care                 |   |  | X |    |  |
| d. Monitor                   |   |  | X |    |  |
| <b>17. Patient Education</b> |   |  |   |    |  |
| a. Medication                |   |  | X |    |  |
| b. Safety                    |   |  | X |    |  |
| c. Wound care                |   |  | X |    |  |
| d. Diet                      |   |  | X |    |  |
| e. Activity                  |   |  | X |    |  |
| f. Newborn care              |   |  |   |    |  |
| <b>18. Unit Routines</b>     |   |  |   |    |  |
| a. Admission                 |   |  | X |    |  |
| b. Discharge                 | X |  |   |    |  |
| c. Transport                 |   |  | X |    |  |
| d. Blood transfusion         |   |  | X |    |  |
| e. Sepsis protocol           |   |  | X |    |  |
| f. Pre-Op care               |   |  | X |    |  |
| g. Post-Op care              |   |  | X |    |  |
| h. Transfer                  |   |  | X |    |  |
| i. Huddle                    |   |  | X |    |  |
| <b>19. Code Blue</b>         |   |  |   |    |  |
| a. Observe                   |   |  | X |    |  |
| b. Participate               |   |  | X |    |  |
| <b>20. Others</b>            |   |  |   |    |  |
| a.                           |   |  |   |    |  |
| b.                           |   |  |   |    |  |
| c.                           |   |  |   |    |  |
| d. Pre/post op CS            |   |  |   |    |  |
| e.                           |   |  |   |    |  |